

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article

Vivian Langford
 Frank Lee Youth Center
 P. O. Box 220410
 Deatsville, AL 36022

07ew195 Comp & OP

2. Article Number

(Transfer from service label)

7006 2760 0002 8193 1699

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x

Ruby Gray

☒ Agent☐ Addressee

B. Received by (Printed Name)

Ruby Gray

C. Date of Delivery

3-9-07

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail☐ Registered ☒ Return Receipt for Merchandise☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes